

State of Michigan
**MICHIGAN DEPARTMENT OF
CAREER DEVELOPMENT**
Employment Service Agency
7310 Woodward Avenue, Room 420
Detroit, Michigan 48202-3122

Please Check one:
☐ H-1B Professional
☐ F-1 Student
☐ H-1A Nurses

REQUEST FOR PREVAILING WAGE FORM

Authorized by: Wagner-Peyser Act, as amended

Name of Employer (Full Name of Organization)	Telephone Number (Area Code)
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Address (Number, Street, City, State, ZIP Code)

City and State Where Alien Will Work	Job Title
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Nature of Employer's Business Activity	No. of Employees Alien Will Supervise
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Name and Address of Requestor	Hrs. Per Week	Rate of Pay Offered
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Describe Job Duties to be Performed (attach pages if necessary):

State in detail the MINIMUM education, training, and experience required to satisfactorily perform the job duties described above. If None is required, indicate with a Zero. Do not write N/A or Not Applicable.

EDUCATION	College Degree Required (specify):
Grade School ____ (Yrs.)	
High School ____ (Yrs.)	Major of Field Study: _____
College ____ (Yrs.)	

TRAINING	No. of Yrs. ____	Months ____	Type of Training _____
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EXPERIENCE	No. of Yrs. ____	Months ____	Specify _____
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OTHER SPECIAL REQUIREMENTS (Licenses, Certificates, Language, etc.) _____

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TO BE COMPLETED BY THE OCCUPATIONAL RESEARCH UNIT

The prevailing wage for the job described above is: _____

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Agency Official _____ Date _____

THE ABOVE STATED WAGE RATE IS VALID FOR FILING LABOR CONDITION
APPLICATIONS/ATTESTATIONS FOR 90 DAYS FROM THE DATE OF THE RESPONSE.